1102-258 Lisgar St.,
Ottawa. K2P 0C9

Dr. John Molot,
friend and doctor,
Ottawa.

8 June 1988

Dear John,

Thank you very much for contacting me re: the Global television article. I have written Dr. Maureen Law, Deputy Minister of Health and Welfare, to ask her the name of one doctor in Canada who disputes the content of my brief, because someone in the department said Health and Welfare couldn't take a position because the matter was 'deeply controversial' in the medical community.

If Health and Welfare is calling into question the integrity, character, or reputation of people disabled by pollution without reasonable grounds, I believe the Department is slandering us. Departmental officials have done this repeatedly, despite repeated statements by the Minister that he is sympathetic to our concerns.

Both the CMA and the OMA have admitted that the debate in the medical community is not about whether or not some people are disabled by low levels of pollution, but about how to diagnose and treat our problem(s).

PLEASE PLEASE PLEASE, when you go before the standing committee on Health and Welfare, DO NOT imply to them that there is still a debate about legitimacy. That would misrepresent the concern, and give too much credence to the few remaining bigots. There are still people who say blacks are inferior, or that Jews conspire against others, but we would not say there is a big debate on the subject, because there is not. Of course, people who fight bigotry come up against more of it than others, because we (you and the rest of us) are trying to destroy it, when it exists in any degree.

I hope you will look at the recommendations included in the open letter to Jake Epp written by the Liberal Health Spokesperson Sheila Copps, in response to a request from people disabled by this problem. I hope you can support them in your presentation.

In addition, psychiatrist Donna ~~Roberts~~ Stewart is not saying that the condition is psychosomatic, but that people with the problem can benefit from psychiatric treatment, which is true. Anyone who has had their brains scrambled could benefit from such treatment. (Its important, of course, to deal with the destabilizing effect of sensitivity reactions as well.)

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Mr. John Krauser, of the OMA, tells me that the seige mentality amongst clinical ecologists is still a problem, even though they have met with representatives of CSCEEM, and distributed CSCEEM materials a year ago.

I know your professional (and human) reaction will be to further the concerns of (and as expressed by) your patients. Now that we are accepted the log jam will dissapate and the doctors needs will come into being as well. Please do not undermine (y)our progress by implying that there is any (credible) opposition to us.

My own professional experience leads me to suggest you would further your own cause more by getting behind us, and by being seen as humbly supporting us, than by positioning yourselves as being up against the medical establishment.

By the way, the Ontario Human Rights Commission now supports us, and states there is no opposition to our legitimacy any more.

The contribution of doctors has been essential, even lifesaving, for myself and others. Your instigation of (and hard work on) the CSCEEM brief is deeply appreciated. But above all you should know your empathetic and caring approach is widely appreciated by local people with sensitivities.

Perhaps the most gratifying development lately is that there seems to be a desire amongst all of us to develop more co-operation between medicine, advocacy, self-help, and officialdom.

Thanks,

Chris Brown
(613) 237 0928
cc Anne Castle, Human Ecology Foundation